

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE, EQUAL OPPORTUNITY EMPLOYER



POSITION DESIRED: _____ DATE AVAILABLE TO START _____

PERSONAL INFORMATION

NAME (LAST, FIRST)			
PERMANENT ADDRESS	STATE	ZIP CODE	
EMAIL ADDRESS	CELL PHONE NO.		

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT

	EMPLOYER NAME AND SUPERVISOR NAME CONTACT INFORMATION	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES

PROVIDE A MINIMUM OF 3 REFERENCES. REFERENCES SHOULD BE PERSONS WHO CAN UNBIASEDLY SPEAK ABOUT YOUR WORK PERFORMANCE AND ETHIC. REFERENCES SHOULD NOT BE RELATED TO YOU.

REFERENCE NAME	POSITION / TITLE / OR RELATIONSHIP	YEARS KNOWN
IS THIS A PROFESSIONAL OR PERSONAL REFERENCE? ___ PROFESSIONAL ___ PERSONAL	REFERENCE PHONE NO. AND/OR EMAIL	

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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

SIGNATURE	DATE
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PLEASE MAIL OR DELIVER COMPLETED APPLICATIONS TO CITY OF MARSHFIELD AT 798 S. MARSHALL ST. MARSHFIELD, MO 65706 OR VIA EMAIL AT SAMROST@MARSHFIELDMO.GOV